

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

**10/521903**

AFFILIANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		⓪					57						
8		⓪					58						
9		⓪					59						
10		⓪					60						
11		⓪					61						
12		⓪					62						
13		⓪					63						
14		⓪					64						
15		⓪					65						
16		⓪					66						
17		⓪					67						
18		⓪					68						
19		⓪					69						
20		⓪					70						
21		⓪					71						
22		⓪					72						
23		⓪					73						
24		⓪					74						
25		⓪					75						
26	/						76						
27		/					77						
28		/					78						
29		/					79						
30		/					80						
31		⓪					81						
32		⓪					82						
33		⓪					83						
34		⓪					84						
35		⓪					85						
36		⓪					86						
37		⓪					87						
38		⓪					88						
39		⓪					89						
40		⓪					90						
41		⓪					91						
42		⓪					92						
43		⓪					93						
44		⓪					94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	2	↓		↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	42	←		←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	44						TOTAL CLAIMS						